(1) PLACE OF BIRTH CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. File No.—For State Registrar Only County of Bureau of Vital Statistics 15802 State Board of Health Registration District No. Registered No. (For use of Local Reistrar) City of (If birth occurs in a hospital or If child is not yet named, make supplemental report as directed (3) BOY OR -CIRLY or Triplet? (7) DATE OF order of birth To be answered only in event of Twins or Triplets FATHER. MOTHER. FULL (14) MARRIAGE PRESENT POSTOFFICE (15) PRESENT POSTOFFICE ٩ì OF FATHER OF MOTHER (10) COLOR AGE AT LAST BIRTHDAY \_\_\_ (16) COLOR AGE AT LAST OR RACE RACE (Years) (12) BIRTHPLACE (18) BIRTHPLACE (13) OCCUPATION (19) OCCUPATION Number of children born to (21) Number of children of this mother now living, including present birth mother, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* (22) I hereby certify that I attended the birth of this child, who was on the date above stated, (Born anve or stillborn) Hour A. M. or P. M.) ther Physician or Midwife Siven name added from a supplemental report (26) Witnes (Signature of Witness necessary only when question 23 is signed by many) Registrer Local Registrar, When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. Registrar When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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